

NORTHWEST
NEIGHBORHOOD
VETERINARY
HOSPITAL



SENIOR WELLNESS QUESTIONNAIRE

Owner Name _____

Pet Name _____

Date _____

Age _____

Is your pet on any medications, supplements, or preventatives?

- Yes No Heartworm preventative (type) _____
 Yes No Flea preventative (type) _____
 Yes No Medications (type) _____
 Yes No Supplements (type) _____

If on long term medication, has bloodwork been performed in the last 6 months

- Yes No

Has there been any change in your pet's eating or drinking habits?

- Yes No More food / less food (Please circle)
 Yes No More water / less water (Please circle)
 Yes No Trouble eating hard food, hard treats, chewy treats
 Yes No Smelly breath

Has there been any recent change in your pet's activity?

- Yes No More active / less active (Please circle)
 Yes No Trouble rising / jumping / climbing stairs
 Yes No Limping (which leg _____)
 Yes No Tires easily
 Yes No Tremors / shaking

Has there been any change in your pet's elimination habits?

- Yes No Increased urination / decreased urination (Please circle)
 Yes No Increased defecation / decreased defecation (Please circle)
 Yes No Accidents in the house
 Yes No Vomiting / diarrhea (Please circle)

What type of food? _____

How often does your pet eat? _____

Have you noticed any lumps or bumps on the skin? Yes No